

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000000173

Entity Name: VACATION WEEKS, LLC**Current Principal Place of Business:**ONE VANCE GAP ROAD
ASHEVILLE, NC 28805**Current Mailing Address:**ONE VANCE GAP ROAD
ASHEVILLE, NC 28805 US**FEI Number:** 35-2478309**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name LATOUR HOTELS & RESORTS, INC.
Address ONE VANCE GAP ROAD
City-State-Zip: ASHEVILLE NC 28805

Title SECRETARY
Name DONAHUE, ELLEVEVE
Address ONE VANCE GAP ROAD
City-State-Zip: ASHEVILLE NC 28805

Title ASSISTANT SECRETARY
Name WRAY, KEVIN
Address ONE VANCE GAP ROAD
City-State-Zip: ASHEVILLE NC 28805

Title ASSISTANT SECRETARY
Name SMITH, KYLE
Address ONE VANCE GAP ROAD
City-State-Zip: ASHEVILLE NC 28805

Title PRESIDENT
Name STYRON, SCOTT
Address ONE VANCE GAP ROAD
City-State-Zip: ASHEVILLE NC 28805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEVEVE DONAHUE**SECRETARY, BY JULIE
PHILLIPS, ATTORNEY-IN-
FACT****04/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date